

This tracking sheet is for you to track your progress, and for Julia to follow your journey so she can support you the best way possible.

Giving introductory workshops is optional. However, it is highly recommended you facilitate as many of these as possible to bring more clients to your private sessions and your weekend immersion.

Weekend Immersion (1 Total)

Weekend Immersion paid (how much) or donation? _____

Weekend immersion notes & questions for Julia

Private in-person Breath of Love sessions (20 Total):

Private in-person Breath of Love sessions completed:

- | | |
|---------------------------------|-------------------------------|
| 1. First Name of Client: _____ | Date Session Completed: _____ |
| 2. First Name of Client: _____ | Date Session Completed: _____ |
| 3. First Name of Client: _____ | Date Session Completed: _____ |
| 4. First Name of Client: _____ | Date Session Completed: _____ |
| 5. First Name of Client: _____ | Date Session Completed: _____ |
| 6. First Name of Client: _____ | Date Session Completed: _____ |
| 7. First Name of Client: _____ | Date Session Completed: _____ |
| 8. First Name of Client: _____ | Date Session Completed: _____ |
| 9. First Name of Client: _____ | Date Session Completed: _____ |
| 10. First Name of Client: _____ | Date Session Completed: _____ |
| 11. First Name of Client: _____ | Date Session Completed: _____ |
| 12. First Name of Client: _____ | Date Session Completed: _____ |
| 13. First Name of Client: _____ | Date Session Completed: _____ |
| 14. First Name of Client: _____ | Date Session Completed: _____ |
| 15. First Name of Client: _____ | Date Session Completed: _____ |
| 16. First Name of Client: _____ | Date Session Completed: _____ |
| 17. First Name of Client: _____ | Date Session Completed: _____ |
| 18. First Name of Client: _____ | Date Session Completed: _____ |
| 19. First Name of Client: _____ | Date Session Completed: _____ |
| 20. First Name of Client: _____ | Date Session Completed: _____ |

Private long-distance Breath of Love sessions on video (4 Total):

Private long-distance Breath of Love session completed:

- | | |
|--------------------------------|-------------------------------|
| 1. First Name of Client: _____ | Date Session Completed: _____ |
| 2. First Name of Client: _____ | Date Session Completed: _____ |
| 3. First Name of Client: _____ | Date Session Completed: _____ |
| 4. First Name of Client: _____ | Date Session Completed: _____ |

Private Somatic Unwinding sessions (12 Total):

Private Somatic Unwinding sessions completed:

- | | |
|---------------------------------|-------------------------------|
| 1. First Name of Client: _____ | Date Session Completed: _____ |
| 2. First Name of Client: _____ | Date Session Completed: _____ |
| 3. First Name of Client: _____ | Date Session Completed: _____ |
| 4. First Name of Client: _____ | Date Session Completed: _____ |
| 5. First Name of Client: _____ | Date Session Completed: _____ |
| 6. First Name of Client: _____ | Date Session Completed: _____ |
| 7. First Name of Client: _____ | Date Session Completed: _____ |
| 8. First Name of Client: _____ | Date Session Completed: _____ |
| 9. First Name of Client: _____ | Date Session Completed: _____ |
| 10. First Name of Client: _____ | Date Session Completed: _____ |
| 11. First Name of Client: _____ | Date Session Completed: _____ |
| 12. First Name of Client: _____ | Date Session Completed: _____ |